## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5 2-15-3.

Date:	8-30-07	Address:	WASHENGTONOL WHETE DECIFA
Case #:	<u>35F</u> 26946		BECKNEU, IN
County:	Knox		
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
$igsqcup  ext{Operatio} \ igsqcup  ext{Operatio} \ \cdot igsqcup  ext{Dumpsit}$	d/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☑ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: STELACC.			
Water Reactive Metal (Lithium): 500 LACK.			
Anhydrous Ammonia: SOELALIC.			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (ite	m and location):		
	age 18 discovered (check one) umber present) ort to Child Protective Services	Retail/Met	Pseudoephedrine Tracking Log
This report is to be faxed to the following agencies that serve the location:			
Fire Department: TEXECUEUL  Health Department: Kasx  Fax: Po Box 96 BECKSELL FN 4750  MARKED			96 BECKNELL IN 47562
Health Department: 🚜🏬		Fax: <u>112-15</u>	2-5625
Child Protection Service: MA			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: \(\frac{1}{2} \) \( \frac{1}{2} \) \( \f			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.